



CONVERSION FROM INACTIVE OR VOLUNTEER TO ACTIVE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ LICENSE NUMBER _____

TELEPHONE NUMBER (_____) _____

HAVE YOU PRACTICED 1000 HOURS IN LAST FIVE YEARS? (CHECK ONE) YES _____ NO _____

REQUIREMENTS:

IF YOU ANSWERED YES TO THE ABOVE QUESTION:

AND YOU INCORRECTLY SELECTED "INACTIVE" WHEN PROCESSING YOUR PAPER RENEWAL FORM OR ON-LINE RENEWAL, PLEASE CIRCLE THE TYPE OF RENEWAL YOU COMPLETED (ON-LINE OR PAPER), SEE THE DELIVERABLES SECTION BEOW, SIGN, AND DATE.

IF YOU ANSWERED YES TO THE ABOVE QUESTION:

YOU MUST SUBMIT INFORMATION FROM YOUR LAST OR CURRENT EMPLOYER INDICATING PROOF OF YOUR HAVING WORKED 1000 HOURS IN THE PAST 5 YEARS – COMPLETE THE SUPPLEMENTAL RENEWAL FORM AND ATTACH.

IF YOU ANSWERED NO TO THE ABOVE QUESTION:

YOU MUST SUBMIT A COPY OF COMPLETION OF A REFRESHER COURSE APPROVED BY THE BOARD OR A PRECEPTORSHIP PROGRAM APPROVED BY THE BOARD. (NURSE PRACTICE ACT: COMAR 8-312)

DELIVERABLES:

IF YOU MEET ONE OR MORE OF THE ABOVE REQUIREMENTS:

YOU MUST SEND THIS COMPLETED FORM WITH:

A. DOCUMENT(S) REQUESTED FROM ABOVE REQUIREMENTS.

B. A CHECK OR MONEY ORDER MADE PAYABLE TO "MARYLAND BOARD OF NURSING" IN THE AMOUNT OF:

- **RN'S - \$53.00 FOR 1 YEAR, - \$106.00 FOR 2 YEARS**
- **ADVANCED PRACTICE RN'S - \$58.00 FOR 1 YEAR, \$116.00 FOR 2 YEARS**
THIS INCLUDES THE RN & THE FIRST ADVANCED PRACTICE CERTIFICATION.
IF YOU HAVE MORE THAN ONE ADVANCED PRACTICE CERTIFICATION, ADD \$5.00 FOR EACH 1-YEAR CERTIFICATION OR \$10.00 FOR EACH 2-YEAR CERTIFICATION.
- **LPN's - \$35.00 FOR 1 YEAR, - \$70.00 FOR 2 YEARS**

SIGNATURE _____ DATE _____